

**STATE OF IOWA**  
IOWA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
**CERTIFICATE OF DEATH**

**114-2024-032418**

BIRTH NUMBER: 1983-023576

**DECEDENT INFORMATION**

**NAME:** Philip Colt Moss  
**ALIAS:**  
**PLACE OF BIRTH:** Iowa  
**ARMED FORCES:** No  
**DECEDENT MAIDEN LAST NAME:** Moss  
**FATHER'S NAME:** (prior to any marriage) Adam Terry Moss  
**MOTHER'S NAME:** (prior to any marriage) Mariann Lyons  
**RESIDENTIAL ADDRESS:** [REDACTED]  
Waukee, Iowa 50263  
**INFORMANT NAME:** Andrea Joy Moss  
**INFORMANT RELATIONSHIP:** Wife  
**MARITAL STATUS:** Married  
**SURVIVING SPOUSE:** (prior to any marriage) Andrea Joy Skinner

**DATE FILED:** 02/28/2025  
**SSN:** [REDACTED]-0819  
**SEX:** Male  
**DATE OF BIRTH/AGE:** [REDACTED]/1983 41 Years  
**DATE/TIME OF DEATH:** 11/13/2024 (Actual)  
05:55 PM (Found)  
**RESIDENCE COUNTY:** Dallas  
**COUNTY OF DEATH:** Dallas  
**PLACE OF DEATH:** Decedent's Home  
**FACILITY/ADDRESS:** [REDACTED]  
Waukee, Iowa 50263

**MEDICAL CAUSE OF DEATH INFORMATION**

**INTERVAL UNITS**

**IMMEDIATE CAUSE OF DEATH:** Mixed drug (Fentanyl, Methamphetamine, Hydroxyzine, Xylazine, Bupropion, Sertraline, Eszopiclone, Trazodon)  
**DUE TO OR AS A CONSEQUENCE OF:**  
**DUE TO OR AS A CONSEQUENCE OF:**  
**UNDERLYING CAUSE, IF ANY:**  
**OTHER SIGNIFICANT CONDITIONS:**

Unknown

**MANNER OF DEATH:** Accident  
**AUTOPSY PERFORMED/FINDINGS:** Yes/Yes  
**DATE/TIME OF INJURY:**  
**PLACE OF INJURY:** Unknown  
**LOCATION OF INJURY:** Unknown  
Unknown, Unknown 99999  
**DESCRIPTION OF INJURY:** Consumed illicit drugs (with medications).

**TOBACCO CONTRIBUTED TO DEATH:** No  
**M.E. CONTACTED:** Yes **ME CASE #:** 25-24-0152  
**INJURY AT WORK:** No  
**TRANSPORTATION INJURY:** No

**METHOD OF DISPOSITION:** Cremation  
**PLACE:** Ankeny Funeral Home and Crematory-Ankeny  
**LOCATION:** Ankeny, Iowa  
**FUNERAL DIRECTOR:** Andrew David Wegener  
McLaren's Funeral Chapel  
West Des Moines, Iowa 50265

**CERTIFIER/TITLE:** Michele J. Catellier, MD  
**DATE CERTIFIED:** 02/28/2025  
**CERTIFIER ADDRESS:** Iowa Office of State Medical Examiner  
Ankeny, Iowa 50023

\*\*\* FOR ADMINISTRATIVE PURPOSES ONLY \*\*\*

